

Morale, Welfare and Recreation Directorate
Naval Submarine Base
Kings Bay, Georgia 31547

Consent Form

I hereby authorize MWR/SUBASE Security Department to receive any criminal history record information pertaining to me, which may be in the files of any federal, state, or local criminal justice agencies.

PLEASE PRINT CLEARLY

Full Name: (Print)

Last

First

Middle Name

SSN: _____ RACE: _____ DOB: _____ SEX: _____

Place of Birth, CITY: _____ STATE: _____

Signature of Applicant

Date _____

Witness

Date _____

NOTE: In the event that an access decision is made adverse to a person whose record was obtained pursuant to Code section, (35-3-4) the person will be informed by the business, agency, or person making the adverse access decision of all information that a record was obtained from the Navy Security Department Kings Bay, Georgia, the specific contents of the record, and the effect the record had upon the decision. Failure to provide all such information to the person subject to the adverse decision shall be a misdemeanor.

FOR OFFICE USE BELOW THIS POINT

FIRST ENDORSEMENT

From: Terminal Agency Coordinator, Naval Submarine Base
To:

1. _____ Crime Information Center checks were performed on the above named individual. Federal/State Criminal History Repositories (SCHR) results have been reviewed and did/did not reveal any adverse or derogatory information.

Signature

Date